

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 14-MAR-2012		TIME 20:32:00		2. ADDRESS OF OCCURRENCE 5155 W LAKE ST CHICAGO, IL 60644			3. LOCATION CODE 277		4. BEAT/OCCUR 1532								
	5. POSITION 9161		6. LAST NAME RUIZ		7. FIRST NAME ROLANDO		8. STAR NO. 14837		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 511		12. HT. 171			
	13. DATE OF APPT. 31-JUL-2006		14. EMPLOYEE NO. 015		15. UNIT & BEAT OF ASSIGNMENT 1563A		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		17. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. HT. 511		20. WT. 200			
SUBJECT INFORMATION	21. LAST NAME [REDACTED]		22. FIRST NAME [REDACTED]		23. M.I. [REDACTED]		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE U		26. D.O.B. [REDACTED]		27. HT. 511		28. WT. 200			
	29. ADDRESS [REDACTED]		30. TELEPHONE NO. [REDACTED]		31. WAS SUBJECT ARMED/FIREARM - REVOLVER, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		34. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		35. BY WHOM? DR. [REDACTED]		36. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid			
	37. CHARGES PLACED [REDACTED]		38. DNA <input type="checkbox"/>		39. CS NO. <input type="checkbox"/>		40. IR NO. <input type="checkbox"/>		41. DNA <input type="checkbox"/>		42. DNA <input type="checkbox"/>		43. DNA <input type="checkbox"/>		44. DNA <input type="checkbox"/>			
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT-ASSAULT		ASSAULT-BATTERY		ASSAULT-DEADLY FORCE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT-ASSAULT			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <input type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> DC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER POINTED FIREARM AT R/O <input type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER POINTED FIREARM AT R/O <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER POINTED FIREARM AT R/O <input type="checkbox"/>	
	45. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		46. ADDITIONAL INFORMATION OFFENDER POINTED FIREARM AT R/O		47. POSITION [REDACTED]		48. STAR NO. [REDACTED]		49. UNIT [REDACTED]		50. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		51. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		52. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		53. WEATHER CONDITIONS CLEAR	
WEAPON DISCHARGE INCIDENT	54. WEAPON SERIAL NO. AAU05942		55. CHICAGO GUN REG. NO. R001314S		56. FIREARM OWNER ID. NO. [REDACTED]		57. HANDGUN CERTIFICATE NO. [REDACTED]		58. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		59. PROPERTY INVENTORY NO. [REDACTED]		60. TYPE OF AMMUNITION USED Department Issued		61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		62. TOTAL NO. OF SHOTS MEMBER FIRED 4	
	63. WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (Specify) UNK		64. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		65. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		66. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		67. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		68. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		69. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		70. EVENT NO. 1207418736		71. R.D. NO. HV197819	
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		73. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		74. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		75. 73. REPORTING MEMBER (Print Name) RUIZ, ROLANDO		76. STAR/EMPLOYEE NO. 14837		77. SIGNATURE [REDACTED]		78. DATE REVIEWED 15-MAR-2012 07:25:40		79. TIME 15-MAR-2012 07:25:40		80. SIGNATURE [REDACTED]	
SIGNATURES	79. REVIEWING SUPERVISOR (Print Name) ROMAN JR, WILFREDO		80. STAR NO. 2594		81. SIGNATURE [REDACTED]		82. DATE REVIEWED 15-MAR-2012 07:25:40		83. TIME 15-MAR-2012 07:25:40		84. SIGNATURE [REDACTED]		85. DATE REVIEWED 15-MAR-2012 07:25:40		86. TIME 15-MAR-2012 07:25:40		87. SIGNATURE [REDACTED]	

LOG # **1052578**

Attachment # **121**

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer complied with policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ESCALANTE, JOHN J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

15-MAR-2012 07:55:47

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

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